To: The Success Regime for West, North & East Cumbria

16th December 2016

Dear Sirs

Further to our statement dated 5th October 2016, we wish to reiterate our very serious concerns regarding the proposed downgrading of maternity services at West Cumberland Hospital (WCH). We have been disappointed that our statement has gone unacknowledged and that local midwives were not involved or consulted with both prior to or during the consultation process.

During a multi-disciplinary meeting on 15th November, arranged by midwives and including members of North West Ambulance Service (NWAS), local GPs, consultant obstetricians and other clinical colleagues, it was noted that we all share the same concerns; that the proposed downgrading of maternity services in West Cumbria is not a fair or safe option for West Cumbrian women.

Over 1200 babies are currently born each year in West Cumbria. Although nationally this is a small number, a unit somewhere has to be the smallest, it does not mean we cannot be the best. Our current clinical outcomes and women’s birth experiences are excellent; proven by the fantastic feedback we receive on a daily basis. The size of the unit is irrelevant when you consider the unique circumstances of the local community and geography; a dispersed population, poor highway and transport infrastructures, high levels of deprivation and significant distance and transfer times to the nearest Consultant led unit (CLU) in Carlisle.

New data shows that one in four women giving birth in Midwife led units (MLU) end up being transferred to a CLU. A MLU in Whitehaven would have one of the longest transfer times to a CLU of anywhere in the UK. Maureen Treadwell, co-founder of the Birth Trauma Association, argues that even when someone is deemed to have a low-risk pregnancy, something can still go catastrophically wrong in the intrapartum period.

This was proven to be the case in a late audit undertaken by Anna Stabler, Deputy Director of Nursing, Midwifery & AHP at North Cumbria NHS Trust. The audit revealed that in 2015, there were 23 grade one caesarean sections at WCH, of these, three women were deemed low risk and could have been in a MLU. One of these three women had totally unexpected problems and could not have received the intervention she needed at the CLU within a time effective manner. Therefore 1 in 3 (or 30%) of low risk women that develop serious problems in a standalone MLU so far from a CLU, and their babies, are at increased risk of morbidity and/or mortality. This is not acceptable.

In addition to this NWAS are not currently able to meet their targets in terms of response times which is concerning considering that the promised dedicated ambulance vehicle (DAV) is not actually going to be for the sole use of maternity patients. No provision has been made for the time effective, safe or secure transfer of women and/or their babies.

WCH has been compared to a MLU in Wales that we have learned is already failing in terms of decreased patient numbers in the MLU and poor retention of staff in both the MLU and CLU. We are concerned that the implementation of maternity option 2 at WCH, will result in the eventual implementation of maternity option 3, both of these options remove the choice of birthplace for hundreds of West Cumbrian women.

We acknowledge the current issues raised by the Success Regime in terms of recruitment at WCH, however it appears that no thought has been given into how to recruit and retain medical or midwifery staff in any of the proposed models of care. No research has been carried out with the midwives to ask how many of us would work in a MLU or travel to a CLU at Carlisle. It may be that implementing maternity option 2 or 3 causes more problems, in terms of recruitment, than it solves.

Finally, in a letter dated 30th November 2016, received by midwives from Health Minister MP Philip Dunne it states that “the government is clear that all service changes should be based on clear clinical evidence that they will deliver better outcomes for patients”. We believe that no such evidence exists for a successful and safe MLU so far from a CLU as this has not been tried elsewhere. The Success Regime’s proposals seem to be based on assumptions and guess work – no thorough risk assessments have been carried out into how any of these proposals will work in practice and with this in mind, we urge you to reconsider the proposed downgrading of WCH maternity services.

Yours faithfully

Midwives

West Cumberland Hospital

Whitehaven